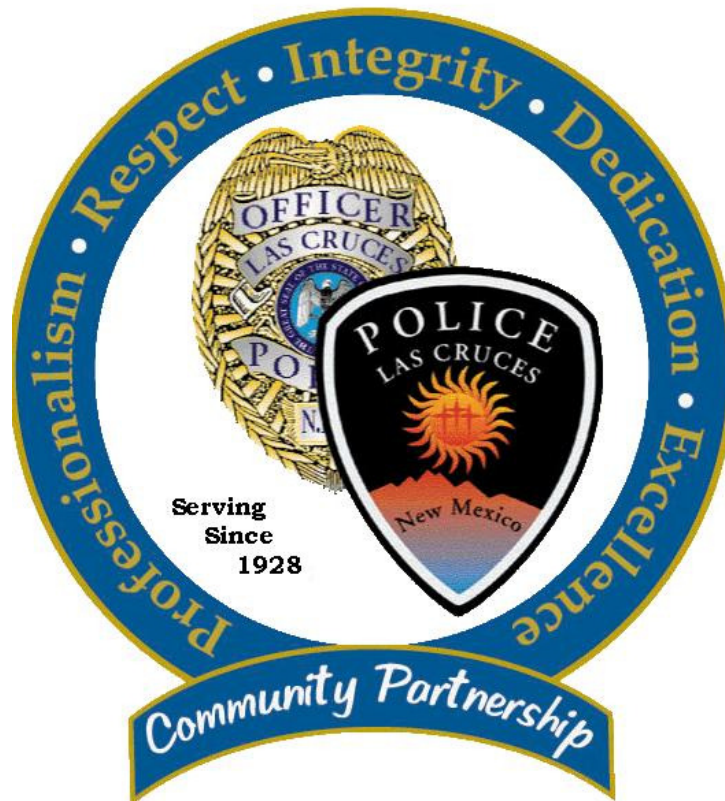


Las Cruces Police Department Basic Training Academy

300 N. Hermosa
Las Cruces NM 88001

www.zianet.com/lcpdacademy

Personal History Statement



THIS IS NOT AN OFFER, CONTRACT OR CONDITION OF EMPLOYMENT BY THE CITY OF LAS CRUCES. THE ACTUAL CONDITIONS OF EMPLOYMENT ARE GOVERNED BY THE PROVISIONS SET FORTH IN THE COLLECTIVE BARGAINING AGREEMENT BETWEEN THE CITY OF LAS CRUCES AND THE LAS CRUCES POLICE OFFICER'S ASSOCIATION AND ARE SUBJECT TO CHANGE. NOTHING CONTAINED HEREIN CONSTITUTES AN OFFER, CONTRACT OR CONDITION OF EMPLOYMENT BY THE CITY OF LAS CRUCES.

REVISED 07/10

LAS CRUCES POLICE ACADEMY PERSONAL HISTORY STATEMENT

*******ATTENTION*******

DO NOT MISSTATE OR OMIT FACTS WHEN COMPLETING YOUR PERSONAL HISTORY STATEMENT. THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION IN DETERMINING YOUR QUALIFICATIONS FOR EMPLOYMENT.

NO STATEMENT CONTAINED HEREIN SHALL CONSTITUTE AN OFFER OR CONDITION OF EMPLOYMENT.

PLEASE READ CAREFULLY! - INCOMPLETE PERSONAL HISTORY STATEMENTS (PHS) WILL NOT BE ACCEPTED.

Your Personal History Statement (PHS) is subject to a complete background investigation of family, personal, financial, education and employment history. Questions relating to age, height, weight and physical characteristics, when not specifically related to the job requirements, are used for the purpose of identification in our background investigation and for no other purpose.

Any misstatements of fact or omission of material information reported in this Personal History Statement, or withholding new information that may affect your qualifying for police service may disqualify you from employment with the Las Cruces Police Department and/or any other position with the City of Las Cruces for the next 2 years. If more space is needed to answer any question, use a separate piece of paper, 8.5" x 11", lined notebook paper, being sure to number the question to which you are responding. All responses made by you will be held in confidence, to the extent allowed by the law. **REMEMBER:** the ability to make legible, accurate and complete reports is an important part of police work.

INSTRUCTIONS

- 1. PRINT** all answers in **BLACK** ink. **DO NOT TYPE.** This statement must be filled out and completed by **YOU** and no one else. If someone other than you fills out your statement and some information is omitted or incorrect, it could cause you to be rejected for employment with the Las Cruces Police Department. Therefore, be sure that you fill it out correctly and completely, because you are the one that is swearing, under oath, to the Notary Public, that all the information is true and correct.
- 2. Answer EVERY** question. If the information requested does not apply to you, print "N/A" in the blank space provided.
- 3. If you cannot remember or do not know the requested information, print "I can't remember" or "I don't know" in the blank space. DO NOT** use this as a crutch however. Make **all** attempts to gather the information that you are lacking. Check the phone book for number and addresses or contact the operator.

4. Once you have completed this Personal History Statement, you **MUST** have it notarized in two (2) different places. The first place is on **page 27** and the other is the **Authorization for Release of Personal Information, page 28.** If both of these pages are not notarized **BEFORE** Personal History Statement is turned in, it will not be accepted (A Notary Public can be found in your area in the local phone book)
5. This statement will be accepted upon successfully passing phase I of the testing process, immediately following the physical fitness assessment. Incomplete PHS or failure to submit the statement may result in disqualification from the hiring process. *****NOTE*** The PHS must be hand delivered by “YOU ONLY”, unless advised otherwise.**
6. You must include **two (2)** photographs of yourself when returning this statement. One photograph is to be attached, in its proper place in the Personal History Statement. The second photograph will be turned over to the Academy Staff when the Statement is turned in.

The photographs **MUST** be a passport photo, show the head and shoulder view of yourself, with a plain light colored background. No scenic or group photos will be accepted. The photograph must have been taken within 30 days of the date the statement is submitted. If the photographs are missing or not a good representation of your current appearance, your statement will **NOT** be accepted.

7. **YOU MUST SUBMIT** copies of the following documents, if they apply to you, at the time the Personal History Statement is turned in.
 - A. High School Diploma
 - B. High School transcript or GED
 - C. College transcripts and degree (OFFICIAL COPIES)
 - D. DD-214 (Pages 1 and 4) Military Only
 - E. Any training certificates which pertain to law enforcement.
 - F. Disposition of any arrest(s)
 - G. **Birth Certificate (bring original, copy will be made by Academy Staff) Hospital birth records do not apply.**
 - H. Drivers License and Social Security Card (on same page)
 - I. Credit Report (No older than 30 days from date PHS is submitted)
 - J. Copy of Marriage License / Divorce Decree
8. In the Employment History section of the statement, when asked the name and title of your immediate supervisor, **DO NOT** list the owner of the company. We want the name and title of the person who was / is directly in charge of you and knows your work habits. For example: John Doe, Supervisor, Shipping and Receiving.
9. In the Credit History section of the statement, you **MUST** list your account numbers. Many businesses go by numbers only and not by name. If we do not have your correct account number, we will not be able to obtain any information. If your account is by name, print “BY NAME” in the account number space. Accounts which may have been closed or not used in long period of time will possibly still appear on your Credit Report, so it is best to list any and all accounts.
10. When listing CHARACTER REFERENCES and SOCIAL ACQUAINTANCES, do not list for example a father as a Character Reference and his son as a Social Acquaintance.

In other words, none of the Character References and Social Acquaintances should be related. It is preferred that all References and Acquaintances have a local address and phone number; however, out-of-town references will be accepted provided that complete address and phone numbers are listed.

11. On question number 13 under the General Information section, make sure that the person is reliable and is available during daytime hours. If we are unable to get messages to you, we will not be able to complete your background investigation. You may list your cell phone number if no one else is available.
12. If you were the subject of any form of military discipline while serving in the Armed Forces (Article 15, etc.) you will be required to provide official documentation of the incident(s).
13. Finally, your Personal History Statement must be filled out NEATLY, COMPLETELY and CORRECTLY! If information is missing, wrong or unreadable, **we cannot and will not** continue your background investigation. Therefore, be careful when you are finished filling out your statement, go back through it to make sure that it is **CORRECT and COMPLETE** before turning it in to the Police Academy.
14. If you have any problems while filling out the statement or you are not sure what information you should list, do not hesitate to call the Police Academy and ask for assistance. The Police Academy phone-number is **(575) 541-2766**. Police Academy hours of operation are from 08:00-12:00 and 1:00-5:00 Monday through Friday. When calling, identify yourself as a police applicant and you will be transferred to the Academy Staff member who will assist you. **DO NOT** leave voice mail, messages **WILL NOT** be returned. Please call during business hours for assistance.

I HAVE READ AND UNDERSTAND THE ABOVE INSTRUCTIONS AND WILL COMPLY WITH ALL INSTRUCTIONS HEREIN.

SIGNATURE

DATE

ALL INFORMATION OBTAINED DURING THE INVESTIGATION OF YOUR PERSONAL HISTORY MAY BE USED AS A BASIS OF QUESTIONING DURING THE ORAL INTERVIEW EXAMINATION.

PRINT NAME

DATE

SIGNATURE

ATTACH ONE PASSPORT PHOTO BELOW

EDUCATIONAL HISTORY

List **all** schools attended or enrolled, from the past to the present, beginning with high schools:

22. High Schools attended (submit copy of transcript and diploma, if applicable).

A. Name _____ City _____ State _____

Attended from ___/___/___ - ___/___/___ Grade Completed _____

B. Name _____ City _____ State _____

Attended from ___/___/___ - ___/___/___ Grade Completed _____

C. Name _____ City _____ State _____

Attended from ___/___/___ - ___/___/___ Grade Completed _____

D. If you did not graduate from High School, do you have a G.E.D.? _____ If so,
from what agency or school? _____.

23. College or University (submit **official** transcript and copy of degree, if applicable).

A. Name _____ City _____ State _____

Attended from ___/___/___ to ___/___/___

No. of Credit Hours: Attempted _____ Completed _____

Major _____ Graduated _____

Type of Degree _____

B. Name _____ City _____ State _____

Attended from ___/___/___ to ___/___/___

No. of Credit Hours: Attempted _____ Completed _____

Major _____ Graduated _____

Type of Degree _____

C. Name _____ City _____ State _____
Attended from ___/___/___ to ___/___/___
No. of Credit Hours: Attempted _____ Completed _____
Major _____ Graduated _____
Type of Degree _____

24. Other Schools (vocational or trade schools, etc. and submit certificates)

A. Name _____ City _____ State _____
Attended from ___/___/___ to ___/___/___

B. Name _____ City _____ State _____
Attended from ___/___/___/ to ___/___/___

25. Are you presently enrolled in **ANY** school? Yes _____ No _____ If yes, give the name and address of the school.

Name _____

Address _____

City _____ State _____ Course _____

26. Was any disciplinary action (to include, but not limited to dismissal, suspension and scholastic probation) ever taken against you during your scholastic career?

Yes _____ No _____ If yes, what type(s) and what school(s)? Date ___/___/___ Type of

Action and reason: _____

LEGAL HISTORY

27. Driver's License Number _____ State _____ Restrictions _____
28. Do you currently have, have you ever carried or have you ever applied for a Concealed Handgun License? Yes _____ No _____
If yes please explain _____
29. Have you ever held a Driver's License outside of New Mexico? Yes _____ No _____
State _____ Driver's License Number _____ Status (Expired or Surrendered) _____
State _____ Driver's License Number _____ Status (Expired or Surrendered) _____
State _____ Driver's License Number _____ Status (Expired or Surrendered) _____
30. How long have you been a licensed driver? _____
31. Do you own a car? Yes _____ No _____ Is it paid for? Yes _____ No _____
32. Who is the primary driver of the vehicle? _____
33. Whose name is the vehicle registered under? (If not yourself, how is this person related to you?)

34. Complete the following and include all vehicle(s) which you are the primary or secondary driver:

PRIMARY VEHICLE

MAKE: _____ MODEL: _____
YEAR: _____ COLOR: _____
LICENSE #: _____ STATE: _____
VIN # _____
REGISTERED OWNER: _____
INSURANCE COMPANY: _____
ADDRESS: _____ PHONE: _____
LOCAL INSURANCE CARRIER: _____
PHONE: _____ POLICY NUMBER: _____
EFFECTIVE/EXPIRATION DATES: ____/____/____ TO ____/____/____

SECONDARY VEHICLE

MAKE: _____ MODEL: _____
YEAR: _____ COLOR: _____
LICENSE #: _____ STATE: _____
VIN #: _____
REGISTERED OWNER: _____
INSURANCE COMPANY: _____
ADDRESS: _____ PHONE: _____
LOCAL INSURANCE CARRIER: _____
PHONE: _____ POLICY NUMBER: _____
EFFECTIVE/EXPIRATION DATES: ___/___/___ TO ___/___/___

MAKE: _____ MODEL: _____
YEAR: _____ COLOR: _____
LICENSE #: _____ STATE: _____
VIN #: _____
REGISTERED OWNER: _____
INSURANCE COMPANY: _____
ADDRESS: _____ PHONE: _____
LOCAL INSURANCE CARRIER: _____
PHONE: _____ POLICY NUMBER: _____
EFFECTIVE/EXPIRATION DATES: ___/___/___ TO ___/___/___

35. If you do not currently have liability insurance, give reason(s) why

36. When was the last time you had auto liability insurance and with whom? _____

37. Has your Driver's License ever been suspended or revoked for a conviction of driving without insurance? Yes _____ No _____ If yes, when and for how long was it suspended or revoked? _____

38. Have you ever received any traffic or any other citations? Yes _____ No _____ If yes, complete the following: List every citation that you have received, (Misdemeanor Violations, Alcohol in Park, Minor in Possession, parking citations, etc.)

CHARGE	CITY/STATE	DATE	FINAL DISPOSITION
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

39. Are there possibly any citations that you have not listed that you can not recall at this time?
Yes ___ No ___ If yes, approximately how many? 1-4 ___ 5-10 ___ 11-15 ___ 16+ ___

40. Have you ever been charged or convicted with leaving the scene of an accident, failure to stop and render aid, driving while intoxicated or driving under the influence or drug? Yes ___ No ___ If yes, give charge, date, location, circumstances and final disposition of the case:

41. Since you have been driving, how many traffic accidents have you been involved in? _____
If you have any traffic accidents in the past, complete the following: (include pedestrian, train, etc.)

42.

<u>DATE</u>	<u>LOCATION</u>	<u>WHOSE FAULT</u>	<u>SERIOUSNESS</u>
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

42. Has your Driver's License ever been suspended or revoked for any reason other than for no insurance? Yes ___ No ___ If yes, give date(s) and details: _____

43. Have you ever received a warning letter about your driving or that your driver's license is subject to possible suspension? Yes ___ No ___ If yes, give details: _____

44. Have you ever been denied auto insurance? Yes ___ No ___ If yes, by whom and why?

45. Has your auto insurance ever been canceled? Yes ___ No ___ If yes, by whom and why?

46. Have you ever been questioned, detained, charged, arrested, convicted, etc by any law enforcement personnel, and / or charged or summoned in to court for any criminal offense? Have you ever committed or assisted in any crime(s) without being questioned, detained, charged, arrested, convicted, etc? Yes ___ No ___ If yes complete the following:

<u>CHARGE / CRIME / INCIDENT</u>	<u>CITY/STATE</u>	<u>DATE</u>	<u>FINAL DISPOSTION</u>
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

_____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____
 _____/_____/_____

47. Are there any possible arrests, detentions or charges that you may have forgotten to list?
 Yes___ No___ If yes, approximately how many? 1-4___ 5+___

48. Are you currently affiliated or have you ever been affiliated with any type of gangs or criminal organizations? Yes_____ No_____
 If yes, give details: _____

49. At this time, is there any pending criminal court action which might involve you? Yes___ No___
 No___ If yes, give details: _____

50. Do you have any pending lawsuits with respect to accidents or traffic violations? Yes___ No___
 If yes, give details: _____

Have you ever been fingerprinted? Yes___ No___ If yes, complete the following:

DATE	FOR WHOM	WHERE	PURPOSE
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

Are you presently a plaintiff or defendant in any civil court action or have you ever been a plaintiff or defendant in a civil court action? Yes___ No___ If yes, give details: _____

DRUG USAGE

50. Describe in your own words, the frequency, extent and circumstances surrounding your use any illegal drugs:

53. Describe in your own words, the frequency, extent and circumstances surrounding your use of any type of prescription drug which was not prescribed for your usage by your physician:

54. Describe, in detail, any incident in which you bought an illegal drug / narcotic:

What type: _____ How many times? _____ Last date used _____
What type: _____ How many times? _____ Last date used _____
What type: _____ How many times? _____ Last date used _____

55. Describe, in detail, any incident in which you sold an illegal drug / narcotic, if any:

What type: _____ How many times? _____ Last date used _____
What type: _____ How many times? _____ Last date used _____

56. Describe in your own words, the frequency and extent of your use of alcoholic beverages:

EMPLOYMENT HISTORY

57. Have you had any prior law enforcement experience? Yes ___ No ___ If yes, give location, type of experience, number of years, duty, training, rank awards, citations, and any disciplinary action, (i.e. to include, but not limited to verbal and / or written counseling, verbal and / or written reprimand, demotions, suspensions, termination) taken against you, if applicable: _____

58. Have you previously applied for employment for police trainee with the Las Cruces Police Department? Yes ___ No ___ If yes, when and disposition:

<u>DATE</u>	<u>DISPOSITION</u>
__/__/__	_____
__/__/__	_____
__/__/__	_____
__/__/__	_____

59. Have you ever applied for employment with any other law enforcement agency, guard service, investigative or detective agency? Yes ___ No ___ If yes give details:

<u>DATE</u>	<u>AGENCY</u>	<u>POSITION</u>	<u>DISPOSITION</u>
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____

60. Have you previously applied for employment for any position with the City of Las Cruces?
 Yes ___ No ___ If yes, when, what position, and the disposition of the application:

DATE	POSITION	DISPOSTION
__/__/__		
__/__/__		
__/__/__		
__/__/__		
__/__/__		

61. If you are currently unemployed, state reason why: _____

FILL IN YOUR EMPLOYMENT RECORD COMPLETELY. START WITH YOUR CURRENT EMPLOYER AND WORK BACKWARDS, FROM PRESENT TO PAST. THIS INCLUDES ALL PART-TIME EMPLOYERS.

61. PREVIOUS WORK HISTORY

A. CURRENT EMPOLYER _____

Kind of Business _____
 Address _____ City _____ State _____
 Zip Code _____ Phone Area Code _____ Number _____
 Starting Date __/__/__ Your Title _____ Salary per hour \$ _____
 Starting Duties _____
 Current Duties _____
 Immediate Supervisor's Name and Title _____
 Why do you want to leave? _____
 Periods of break in employment _____ to _____
 Reason for break in employment (attending school, seeking employment, etc.) _____

B. PAST EMPLOYER _____

Kind of business _____
 Address _____ City _____ State _____
 Zip Code _____ Phone Area Code _____ Number _____
 Starting Date __/__/__ Your Title _____ Salary per hour \$ _____
 Leaving Date __/__/__ Your Title _____ Salary per hour \$ _____
 Leaving Duties _____
 Immediate Supervisor's Name and Title _____
 Why did you leave? _____

 Periods of break in employment _____ to _____
 Reason for break in employment _____

C. PAST EMPLOYER _____

Kind of business _____
Address _____ City _____ State _____
Zip Code _____ Phone Area Code _____ Number _____
Starting Date __/__/__ Your Title _____ Salary per hour \$ _____
Starting Duties _____
Leaving Date __/__/__ Your Title _____ Salary per hour \$ _____
Leaving Duties _____
Immediate Supervisor's Name and Title _____
Why did you leave? _____

Periods of breaks in employment: _____ to _____
Periods for breaks in employment: _____

D. PAST EMPLOYER _____

Kind of business _____
Address _____ City _____ State _____
Zip Code _____ Phone Area Code _____ Number _____
Starting Date __/__/__ Your Title _____ Salary per hour \$ _____
Starting Duties _____
Leaving Date __/__/__ Your Title _____ Salary per hour \$ _____
Leaving Duties _____
Immediate Supervisor's Name and Title _____
Why did you leave? _____

Periods of breaks in employment _____ to _____
Reason for breaks in employment _____

E. PAST EMPLOYER _____

Kind of business _____
Address _____ City _____ State _____
Zip Code _____ Phone Area Code _____ Number _____
Starting Date __/__/__ Your Title _____ Salary per hour \$ _____
Starting Duties _____
Leaving Date __/__/__ Your Title _____ Salary per hour \$ _____
Leaving Duties _____
Immediate Supervisor's Name and Title _____
Why did you leave? _____

Periods of breaks in employment: _____ to _____
Reason for breaks in employment: _____

62. Are there possibly any employers you may have forgotten to list? Yes _____ No _____ If yes,
1-5 _____ 5+ _____

63. Do you object to our contacting your present employer prior to your being accepted? Yes _____
No _____ If yes, please explain: _____

64. Does your employer know that you are applying for this job? Yes _____ No _____

65. Have you ever been dismissed, terminated, asked to resign, placed on administrative leave, etc
from any employment or position you have held? Yes ___ No ___
If yes, employer's name _____
Address _____ Phone Number _____
Date __/__/__ Reason(s) _____

Employer's name _____
Address _____ Phone Number _____
Date __/__/__ Reason(s) _____

66. Have you ever had any disciplinary action, (i.e. to include, but not limited to verbal and / or
written counseling, verbal and/or written reprimand, demotion, suspension, termination) taken
against you by an employer? Yes ___ No ___
If yes, employer's name _____
Address _____
Phone Number _____ Date __/__/__
Nature of Disciplinary Action and Reason(s) _____

Employer's name _____
Address _____
Phone Number _____ Date __/__/__
Nature of Disciplinary Action and Reason(s) _____

68. Have you been accused, suspected, or investigated concerning any dishonesty or irregularities
connected with your employment or any organization that you have ever been connected with?
Yes ___ No ___
If yes, give employer's name or organization _____
Address _____
Phone Number _____ Date __/__/__
Name and Final Disposition of the matter: _____

69. Have you ever resigned from a job because of a disagreement with an employer? Yes ___ No ___
Employer's name _____
Address _____ Date __/__/__
Reason(s) _____

70. Do you have any type of special training, education, employment or ability, which you think, would be of value to the Las Cruces Police Department? Yes ___ No ___ If yes, explain:

71. List any past or present employment, which you think, will specially qualify you for which you have applied. _____

MILITARY HISTORY

72. Have you ever actively served in any branch of the Armed Forces? Yes ___ No ___ If yes:

BRANCH	DATES	TYPE OF DISCHARGE	RANK
---------------	--------------	--------------------------	-------------

_____	/ / to / /	_____	_____
-------	------------	-------	-------

_____	/ / to / /	_____	_____
-------	------------	-------	-------

Unit: (Medical Corps, Engineers, Artillery, etc.) _____

Service Number: _____

Length & Place of Overseas Duty: _____

Length & Place of Combat Duty: _____

73. What was or is your Military Specialty (MOS) and briefly describe your duties: _____

74. Were you ever the subject of Military discipline (i.e. to include, but not limited to verbal and/or written counseling, verbal and/or written reprimand, suspension, demotion, loss of pay, restricted to quarters). Yes ___ No ___ If yes, complete the following:

DATE	CHARGE	FINAL DISPOSITION
-------------	---------------	--------------------------

/ /	_____	_____
-----	-------	-------

/ /	_____	_____
-----	-------	-------

/ /	_____	_____
-----	-------	-------

75. If you received a discharge other than "HONORABLE", from any Armed Forces, reserves or national guards, you might have served in, explain reasons: _____

76. Are you currently a member of the military reserves or guards? Yes ___ No ___

If yes, complete the following: Status: Active ___ Inactive ___ None ___

Branch of Service: _____ Unit: _____

Unit Address: _____ City _____

State _____ Zip Code _____ Date of Enlistment ___/___/___

End of Enlistment ___/___/___ Rate/Rank _____

Name of Commanding Officer _____

77. Have you ever been a member of the R.O.T.C. of any branch of the Military Service? Yes ___ No ___

78. Are you presently obligated to the Armed Forces for any reason to include, but not limited to Educational Benefits, Terminal Leave, etc.? Yes ___ No ___ If yes, explain: _____

79. Are you registered for the Selective Service? Yes ___ No___ If yes, complete the following:
Selective Service Number _____
City _____ State _____ Zip _____

80. Have you ever asked for or received a deferment from the military service? Yes ___ No ___
If yes, give dates and full details: _____

FINANCIAL HISTORY

81. Which types of payment do you make? (Check those which apply)

<input type="checkbox"/> Real Estate	<input type="checkbox"/> Bank Loans
<input type="checkbox"/> Home Improvement	<input type="checkbox"/> Owe money to Family, friends
<input type="checkbox"/> Auto Loans	<input type="checkbox"/> Court Judgements
<input type="checkbox"/> Delinquent Taxes	<input type="checkbox"/> Child Support
<input type="checkbox"/> Finance Co. Loans	<input type="checkbox"/> Alimony
<input type="checkbox"/> Charge Accounts	
<input type="checkbox"/> Others, specify _____	

82. Do you currently have or have ever had a checking account? Yes___ No ___ if yes, have you ever had any checks returned for insufficient funds within the last two (2) years? Yes ___ No___ If yes, complete the following: Account Number and Financial Institution: _____

83. Are there possibly any returned checks that you not recall at this time? Yes ___ No ___ If yes, how many: 1-5 _____ 5+ _____

84. Are you behind on any of your payments or debts? Yes ___ No ___ If yes, which payments or debts and the reason why: _____

85. Are any of your creditors pressing you for payments? Yes ___ No ___ If yes, which creditors and reasons why: _____

86. Have your accounts ever been placed in the hands of a collection agency or charged off? Yes ___ No ___ If yes, give names and address of the collection agency and creditor:
Name _____
Address _____ City _____
State _____ Zip Code _____ Phone Number _____
Reasons: _____

Name _____
Address _____ City _____
State _____ Zip Code _____ Phone Number _____
Reasons: _____

87. Have you ever been sued in court for any accounts (to include, but not limited to Justice of the Peace and Small Claims Court)? Yes ___ No ___ If yes, list the following:

Name of Plaintiff _____
Address _____ City _____
State _____ Zip Code _____ Phone Number _____
Name of your Attorney _____
Address _____ City _____
State _____ Zip Code _____ Phone Number _____
Which Account(s)? _____

Name of Plaintiff _____
Address _____ City _____
State _____ Zip Code _____ Phone Number _____
Name of your Attorney _____
Address _____ City _____
State _____ Zip Code _____ Phone Number _____
Which Account(s)? _____

88. Has your credit record ever been considered unsatisfactory? Yes ___ No ___ If yes, explain:____

89. Have you ever been refused credit? Yes ___ No ___ If yes, by whom and why? _____

90. Are you the owner or partner in any type of business at this time? Yes ___ No ___ If yes, give details: _____

91. Have you ever declared bankruptcy? Yes ___ No ___ If yes, complete the following:
When ___/___/___ Where _____
Why _____

92. How would you describe your credit rating? Excellent ___ Good ___ Fair ___ Poor___
Explain: _____

93. LIST ALL FINANCIAL OBLIGATIONS FOR WHICH **YOU** ARE RESPONSIBLE. IN ADDITION TO CURRENT DEBTS, LIST ALL PAID OFF ACCOUNTS WHICH MAY BE USED FOR CREDIT REFERENCES. LIST ALL CREDIT CARDS, PAST AND PRESENT. YOU MUST LIST YOU ACCOUNT NUMBERS. IF THE ACCOUNT IS BY NAME ONLY, PRINT "BY NAME" IN THE BLANK NEXT TO THE ACCOUNT.

A. To whom owed _____ Account # _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Date Incurred __/__/__
 Status: Open _____ Closed _____
 Original Amount _____ Balance _____ Monthly Payments _____
 Purpose of Loan or Debt: _____

B. To whom owed _____ Account # _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Date Incurred __/__/__
 Status: Open _____ Closed _____
 Original Amount _____ Balance _____ Monthly Payments _____
 Purpose of Loan or Debt: _____

C. To whom owed _____ Account # _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Date Incurred __/__/__
 Status: Open _____ Closed _____
 Original Amount _____ Balance _____ Monthly Payments _____
 Purpose of Loan or Debt: _____

D. To whom owed _____ Account # _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Date Incurred __/__/__
 Status: Open _____ Closed _____
 Original Amount _____ Balance _____ Monthly Payments _____
 Purpose of Loan or Debt: _____

E. To whom owed _____ Account # _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Date Incurred __/__/__
 Status: Open _____ Closed _____
 Original Amount _____ Balance _____ Monthly Payments _____
 Purpose of Loan or Debt: _____

F. To whom owed _____ Account # _____
 Address _____ City _____
 State _____ Zip _____ Phone _____ Date Incurred __/__/__
 Status: Open _____ Closed _____
 Original Amount _____ Balance _____ Monthly Payments _____
 Purpose of Loan or Debt: _____

G. To whom owed _____ Account # _____
Address _____ City _____
State _____ Zip _____ Phone _____ Date Incurred __/__/__
Status: Open _____ Closed _____
Original Amount _____ Balance _____ Monthly Payments _____
Purpose of Loan or Debt: _____

H. To whom owed _____ Account # _____
Address _____ City _____
State _____ Zip _____ Phone _____ Date Incurred __/__/__
Status: Open _____ Closed _____
Original Amount _____ Balance _____ Monthly Payments _____
Purpose of Loan or Debt: _____

I. To whom owed _____ Account # _____
Address _____ City _____
State _____ Zip _____ Phone _____ Date Incurred __/__/__
Status: Open _____ Closed _____
Original Amount _____ Balance _____ Monthly Payments _____
Purpose of Loan or Debt: _____

94. Are there any possible creditors or financial obligations that you may have forgotten to list? Yes
___ No ___ If yes, 1-5 ___ 6-10 ___ 11+ ___

95. Present residence: Own ___ Rent ___ Leasing ___ Living w/relatives or friend(s) ___
Monthly rent or mortgage payment \$ _____ Approximate Utility payments \$ _____

96. Total Indebtedness & Monthly Payments (including rent, alimony, child support, etc.)
Total Indebtedness \$ _____ Total Monthly Payments \$ _____

97. List below both your and your spouse's, if applicable, total monthly income. (include any
alimony or child support received) Your Monthly Income \$ _____ Spouse \$ _____

98. Do you or your spouse have any other source of income? Yes ___ No ___ If yes, give total
amount and source(s): _____

SOCIAL HISTORY

CHARACTER REFERENCES: Give three character references who are responsible adults and stable members of the community, who know you well enough to provide CURRENT information about you. DO NOT USE FORMER OR CURRENT EMPLOYERS, RELATIVES, BOYFRIENDS, OR GIRLFRIENDS.

A. Name _____ Occupation _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Business Phone _____ Number of Years Known _____
Place and Address of Employment _____
Relationship to you (friend, co-worker, etc.) _____

B. Name _____ Occupation _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Business Phone _____ Number of Years Known _____
Place and Address of Employment _____
Relationship to you (friend, co-worker, etc.) _____

C. Name _____ Occupation _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Business Phone _____ Number of Years Known _____
Place and Address of Employment _____
Relationship to you (friend, co-worker, etc.) _____

SOCIAL ACQUAINTANCES: Give three social acquaintances **in your own age group**. Do not use former or current employers, relatives, relatives of person's listed in Question # 99, boyfriends or girlfriends.

A. Name _____ Occupation _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Business Phone _____ Number of Years Known _____
Place and Address of Employment _____
Relationship to you (friend, co-worker, etc.) _____

B. Name _____ Occupation _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Business Phone _____ Number of Years Known _____
Place and Address of Employment _____
Relationship to you (friend, co-worker, etc.) _____

C. Name _____ Occupation _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Business Phone _____ Number of Years Known _____
Place and Address of Employment _____
Relationship to you (friend, co-worker, etc.) _____

99. Do you have any acquaintances, friends, or relatives employed by the Las Cruces Police Department? Yes ___ No ___ If yes, complete the following:

Name _____ Position _____
Name _____ Position _____
Name _____ Position _____

PERSONAL DECLARATIONS

100. If it becomes necessary to take a human life in the course of your duties as a police officer, would any beliefs or anything else that would prevent you from doing so? Yes ___ No ___
If yes, please explain: _____

101. Do you have any beliefs or anything else that would prevent you from fully performing the duties of a police officer, including working on weekends, evenings, night shifts, and/or holidays? Yes ___ No ___ If yes, please explain: _____

102. Do you know of anything that would disqualify you from a police appointment or prevent you from fully discharging the official duties of a police officer? Yes ___ No ___ If yes, please explain: _____

Do you understand that the Las Cruces Police Academy training is approximately **21** weeks in length? This school represents a period of selection for the Las Cruces Police Department and you must complete the course successfully to become a certified and commissioned police officer. You may be discharged from the Academy at any time and you must also submit yourself to strict police discipline. You may not have any other employment or attend any other school while a recruit in the Las Cruces Police Academy, on less otherwise authorized? Yes _____ No _____

I have read and understand the above statement. _____
SIGNATURE

I have reviewed this completed personal history statement and I believe it to be true and correct to the best of my knowledge and recollection.

I understand that **KNOWINGLY** withholding information or making false statements concerning this personal history statement will be basis for rejection of my application or termination of my employment with the Las Cruces Police Department.

I understand that after I have turned in this Personal History Statement, I **MUST** inform the Police Academy Staff or Background Investigator, **IMMEDIATELY**, or within ten (10) days, of any changes or updates of information contained in this statement. Any change or updated information **MUST** be made both orally and in writing within ten (10) days and before the start of the Oral Interview Examinations. Failure to do so could be basis for Rejection of my employment with the Las Cruces Police Department.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20____.

SIGNATURE OF NOTARY PUBLIC

State of _____

County of _____

My commission Expires _____ 20 _____

**LAS CRUCES POLICE DEPARTMENT
LAS CRUCES POLICE ACADEMY
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Las Cruces Police Department Professional Development Unit, whether the said records are of PUBLIC, PRIVATE, or CONFIDENTIAL NATURE.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions: financial or credit institutions including records of loans, the records of commercial and retail credit agencies, credit reports and ratings, and other financial statements and records wherever filed: employment and pre-employment records including background reports, efficiency ratings, complaint or grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving either criminal or civil actions in which I presently have or have had an interest.

I understand that any information obtained through a personal history background investigation which is developed directly or indirectly, in whole or in part, based upon this authorization will be considered toward the determination of my suitability for employment as a police officer trainee with the Las Cruces Police Department.

I certify that any persons who may furnish such information concerning me shall **NOT** be held liable for giving this information and I do hereby release said persons from any and all liability which might otherwise be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though such copy does not contain an original writing of my signature.

USUAL SIGNATURE: _____
FULL NAME (PRINT): _____
ADDRESS: _____

DATE OF BIRTH: ___/___/___ SSN: _____
DRIVER'S LICENSE # _____ STATE _____

Subscribed and sworn to before me this _____ day of _____ 20 ____.

SIGNATURE OF NOATRY PUBLIC

State of _____

County of _____

My commission Expires _____ 20_____